

<b>Name of Establishment:</b> _____			
<b>Property Address:</b> _____			
Street	City	Zip Code	
<b>Mailing Address</b> <i>(if different than above):</i> _____			
<b>Email Address:</b> _____			
<b>Telephone Number:</b> _____			
<b>Owner of Establishment:</b> _____			
<b>Owner's Mailing Address:</b> _____			
Street	City	State	Zip Code

**Manager/Contact Person On-site:** \_\_\_\_\_

**Days and Hours of Operation:** \_\_\_\_\_

**Names of Licensed Tattoo Technicians:** \_\_\_\_\_

**Names of Student Tattoo Technicians:** \_\_\_\_\_

*(Attach a list of any additional licensed and/or student Tattoo Technicians)*

**A copy of all Tattoo Technician Licenses must be provided along with this registration. Changes and/or additions to the licensed or student Tattoo Technicians above must be reported to the Uncas Health District prior to the date said person(s) begin tattooing at the facility.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Pertinent Code Sections:**

Connecticut General Statutes CHAPTER 387a - TATTOO TECHNICIANS

- Sec. 20-266n. Definitions.
- Sec. 20-266o. Licenses. Qualifications. Renewal. Exceptions. Regulations.
- Sec. 20-266p. Prohibited acts.
- Sec. 20-266q. Disciplinary action. Grounds.
- Sec. 20-266r. Enforcement.
- Sec. 20-266s. Inspection of tattoo establishments.

***“Tattooing” practices include the application of permanent make-up and micro-blading.***

**Annual Registration Fee \$75.00**

***For District Use Only:***

Fee Paid: \$ \_\_\_\_\_  
Cash \_\_\_\_\_  
Check # \_\_\_\_\_  
C/C: \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

